

POSITIVE	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OPR. CLASSIFIER	EW	11	2/19/2001
FORMALITY REVIEW	MH	Jc4/920	03-02-01
RESPONSE FORMALITY REVIEW	R.B	078	09/01/01

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled        A ..... Appeal  
 + ..... Restricted                        O ..... Objected

Claim	Date
Final	
Original	6/12/01
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	0
29	0
30	0
31	0
32	0
33	✓
34	✓
35	✓
36	✓
37	0
38	0
39	0
40	0
41	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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